

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 8/14/96

Docket No. 960924-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. OPR \_\_\_\_\_

3. OCR \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 3797 by Donald L. Sullivan.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Donald L. Sullivan

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

TF145  
Cert. #3797



Date: 7-30-96

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
96 AUG -5 AM 9 20  
MAIL ROOM

Ms. Brenda H. Hawkins  
Florida Public Service Commission  
Division of Communications, Room 280-D  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Dear Ms. Hawkins:

I wish to cancel my pay telephone certificate. I am not providing pay telephone service and understand that I am responsible for payment of Regulatory Assessment Fees until the date the certificate is cancelled by the Florida Public Service Commission.

Print name of company: DONALD L. SULLIVAN

Print your name: DONALD L. SULLIVAN

Your signature: Donald L. Sullivan